

PLUMBING CONTRACTOR REGISTRATION

CERTIFICATE OF REGISTRATION AS A LICENSED PLUMBING CONTRACTOR IN THE CITY OF WICHITA FALLS, TEXAS

Date_____

Pursuant to Ordinance #1688 of the City of Wichita Falls, Texas, and as thereafter amended, application is hereby made for Registration as a Licensed Plumber.

1. Name of Business_____
2. Responsible Master Plumber_____
3. Master Plumber License_____
4. Business Address_____
5. City_____ State_____ Zip_____
6. Business Phone (include area code)_____
7. Fax Number (include area code)_____
8. Mobile Number (include area code)_____
9. Email address_____

Pursuant to the requirements of Section 109.1 of said revised code of Wichita Falls that any individual person, firm or corporation, engaging in the plumbing business either shall be qualified Master Plumber or have in continuous employ a qualified Master Plumber and shall be delegated full responsibility for the safety of all plumbing work that may be don under any certificate that may be issued as a result of this application. The required plumber shall be:

Name_____

Address_____

City_____

Telephone Number (include area code)_____

Plumbing Contractor's Signature

NEW CONTRACTORS MUST PROVIDE THE FOLLOWING IN ADDITION TO COMPLETING THIS REGISTRATION FORM

1. A COPY OF YOUR CURRENT STATE ISSUED PLUMBING LICENSE.
2. A CERTIFICATE OF GENERAL LIABILITY INSURANCE WITH THE CITY OF WICHITA FALLS LISTED AS CERTIFICATE HOLDER.

ALL ABOVE ITEMS MUST BE COMPLETED BEFORE ANY PERMITS WILL BE ISSUED.

9/2012